

**OHA - Drinking Water Services – Turbidity Monitoring Report Form County:  
Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems**

System Name: TWA ID #:  WTP-: Month/Year: JANUARY 2025

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]	
1				.31			.31	
2				.32			.32	
3				.32			.32	
4				.32			.32	
5				.33			.33	
6				.31			.31	
7				.03			.10	
8				.03			.06	
9				.03			.03	
10				.03			.04	
11				.03			.06	
12				.04			.07	
13				.05			.05	
14				.06			.06	
15				.06			.06	
16	power outage							
17				.08			.08	
18				.08			.08	
19				.11			.11	
20				.11			.11	
21				.13			.13	
22				.13			.15	
23				.14			.14	
24				.15			.17	
25				.17			.17	
26				.04			.04	
27				.04			.04	
28				.04			.06	
29				.06			.06	
30				.07			.07	
31				.08			.08	

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
	PRINTED NAME: <u>Jeff Burch</u> SIGNATURE: <u>[Signature]</u>		DATE: <u>2-7-25</u>
Notes:	PHONE #: <u>(503) 816-0958</u>		CERT #: <u>6091</u>

<sup>1</sup> Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. <sup>2</sup> Filtered systems only.

## OHA - Drinking Water Services – Surface Water Quality Data Form

System Name:

TWA

ID #:

WTP:-

Month/Year: JANUARY 2025

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[°C]		Use tables	Yes / No	[GPM]
1 1/2:30	.89	72	64.08	11.9	7.80	27	Yes	10
2 1/7:00	.91		65.52	11.7	7.80	27	Yes	10
3 1/9:00	.75		54	11.8	7.80	26	Yes	10
4 1/10:30	.79		56.88	12.0	7.80	26	Yes	10
5 1/11:30	.85		61.2	12.3	7.80	26	Yes	10
6 1/12:05	.72		51.84	10.7	7.80	26	Yes	10
7 1/1:35	.76		54.72	11.8	7.80	26	Yes	10
8 1/1:45	1.08		77.76	11.5	7.80	27	Yes	10
9 1/16:35	1.08		76.32	11.3	7.80	27	Yes	10
10 1/15:35	1.05		75.6	11.6	7.80	27	Yes	10
11 1/15:35	1.08		77.76	11.7	7.80	27	Yes	10
12 1/20:35	1.07		77.04	11.9	7.80	27	Yes	10
13 1/15:00	1.00		72	11.8	7.80	27	Yes	10
14 1/16:00	1.11		79.92	11.1	7.80	27	Yes	10
15 1/15:00	1.09		78.48	11.3	7.80	27	Yes	10
16 1/	power			outage				10
17 1/16:00	.90		64.8	10.9	7.80	26	Yes	10
18 1/16:00	.87		62.64	10.8	7.80	26	Yes	10
19 1/16:00	1.08		77.76	10.5	7.80	27	Yes	10
20 1/15:35	1.01		72.72	10.6	7.80	27	Yes	10
21 1/16:45	.95		68.4	10.8	7.80	27	Yes	10
22 1/15:35	.91		65.52	10.8	7.80	27	Yes	10
23 1/16:55	.87		62.64	11.0	7.80	27	Yes	10
24 1/16:05	.82		59.04	11.2	7.80	26	Yes	10
25 1/16:55	.77		55.44	11.2	7.80	26	Yes	10
26 1/20:35	.70		50.4	8.8	7.80	35	Yes	10
27 1/14:00	.89		64.08	9.9	7.80	35	Yes	10
28 1/13:30	.93		66.96	9.4	7.80	35	Yes	10
29 1/18:30	.81		58.32	10.1	7.80	26	Yes	10
30 1/16:30	.90	V	64.8	9.8	7.80	35	Yes	10
31 1/13:15	.94		67.68	9.6	7.80	35	Yes	10

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours.

Revised November 2022

 Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf)

 Return by 10<sup>th</sup> of following month by email, fax, or mail to:

[dwp\\_dmce@oha.oregon.gov](mailto:dwp_dmce@oha.oregon.gov); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350